

DEPARTMENT OF NUCLEAR MEDICINE & PET-CT

NAME: ARCHANA SINGH
REGN: NO: MM000596204

AGE/SEX:35YRS/F
DATE: 06-10-2014

99m Tc- DMSA RENAL SCAN

Renal scintigraphy performed after intravenous administration of 5 mCi Tc99-m DMSA and multiple static images were acquired at 3 hours.

FINDINGS

Left kidney is normal in size with irregular shape. Cortical uptake is inhomogeneous, with focally reduced tracer uptake at the lower pole.

Right kidney is normal in size with irregular shape. Cortical uptake is inhomogeneous, with reduced tracer uptake at the upper and lower poles and cortical indentation at multiple sites.


Increased background activity noted, suggestive of impaired renal function.

<u>WHOLE KIDNEY</u>	<u>LEFT</u>	<u>RIGHT</u>	<u>TOTAL</u>
DIFF FUNCTION (%)	43	57	100

CONCLUSION:

Left normal sized kidney with scarring at lower pole ✓
Right normal sized kidney with multiple cortical scarring.


Dr. Saroj Kumar Sahu
Fellow


Dr. Atul Pathak
Sr. Consultant

Patient Name: Singh Archana
Study Date: 10/6/2014

Age: 035Y

Department of Nuclear Medicine, Medanta The Medicity, Gurgaon

Sex: F

Patient ID: MM00596204

Study Name: DMSA Renal Scan

DMSA Renal 10/6/2014

DMSA Renal 10/6/2014



Posterior



RPO

DMSA Renal 10/6/2014



Differential Function

(% Ratios)	Left	Right
	42.23	57.77
Total	42.23	57.77



Dr. Akhilesh Sharma's

3-D, 4-D COLOUR ULTRASOUND & DIGITAL X-RAY CENTRE

113/149, SWAROOP NAGAR, KANPUR -208 002

Ph. : 0512-2557557 • 3023557 • E-mail : akhilesh_cam@yahoo.co.in

PATIENT'S NAME : Mrs. ARCHANA BHARTI
REF. BY : Dr.

DATE: 25.09.2014
AGE/SEX: /M



U/S. WHOLE ABDOMEN

LIVER: Liver is normal in size, margins are smooth and parenchymal echoes normal. No focal abnormal echoes seen. Vascular pattern is normal. Intrahepatic biliary ductules are normal, non-dilated. Diaphragmatic movements are normal, not splinted.



GALL BLADDER: is normal in size, shape, outline and wall thickness. Lumen is clear. No calculus or mass lesion.

C.B.D.: is normal in width and clear lumen.



PANCREAS: is normal in size, shape, outline and echogenicity. No evidence of inflammatory disease or mass lesion.

KIDNEY-URETERIC UNITS: kidneys are slightly smaller in size, normal in shape, outline and central sinus echo complexes. No calculus, hydronephrosis or mass. Renal parenchymal echoes are enhanced with partial loss of cortico-medullary distinction. Ureters are non-dilated.

Rt.Kd.: 3.1x8.4 cm. **Lt.Kd.:** 3.0x8.8 cm. approx.



SPLEEN: is normal in size, capsular outline and echotexture. No abdominal lymphadenopathy, ascites or mass.

URI. BLADDER: is normal in size, shape, outline and position. Wall thickness is normal. No abnormal internal echoes seen. Rescanning after micturition shows residual urine volume in the range of 14cc as against pre void volume of 352cc.



UTERUS: is normal in size (3.6x4.1x10.0cm), shape with smooth serosal outline and well seen endometrial echo, which is 7.2mm thick as on today. No intrauterine mass or abnormal contents. Cervix is normal in size and echoes.



OVARIES: Bilateral ovaries are well seen and, left is normal in size and echotexture while in the right is ovary is noted a 2.5 x3.2mm size cyst with clear contents. No solid component or calcification.. No free fluid around it or elsewhere in follicle.

No sizeable pelvic mass or free fluid in P.O.D.

IMPRESSION: BILATERAL CHRONIC MEDICAL RENAL DISEASE GRADE II-III.
Clinico / biochemical correlation is suggested.
SMALL RIGHT OVARIAN CYST ? PHYSIOLOGICAL.
NO OTHER ABNORMAL OBSERVATIONS MADE.



AKHILESH SHARMA
MD



- 1.5 Tesla M.R.I.
- MR Spectroscopy/MRCP
- 4D Colour USG./Doppler

- Fetal Echo
- DEXA (BMD)
- E.E.G./ECG

- 128 Slice Spiral C.T.
- 360° Open M.R.I.
- Digital X-Rays

- Digital O.P.G.
- Pathology
- Whole Body Angiography

11/75 & 82, Ashok Nagar (Near Shanti Niketan Sweet House), Kanpur • Ph. : 0512- 2540938, 2540398 • Mob. : 9935861112, 9935861113

Patient Name : Mrs. Archana

9 April 2016

Ref. By Dr. Name : Dr. Yuthika Bajpai

Age / Sex 36YR. / F

Investigation : Ultra Sound Whole Abdomen

OBSERVATION

Liver

Normal in size, shape and echogenecity.
No evidence of any focal lesion.
Intra Hepatic Biliary Radicals not dilated.
Portal vein is normal in course and caliber.

Gall Bladder

Normal in distension and wall thickness.
No evidence of any sizeable calculus or mass lesion.

CBD is normal in course, caliber and clear throughout it's course.

Pancreas

Normal in size, shape and echogenecity.
No evidence of any sizeable mass lesion.
Main Pancreatic duct not dilated.

Spleen

Normal in size (~76.6mm), shape & Echogenecity. No evidence of any focal lesion. Splenic vein at hilum is normal.

Retroperitoneum

No evidence of sizeable retroperitoneal lymphadenopathy.
Visualized segment of aorta and IVC normal.

Both Kidneys

Right kidney is ~ 68.8mm and Left kidney is ~72.2mm.
Small sized kidneys with increased cortical echogenecity however CMD is maintained bilaterally.
Pelvicalyceal system not dilated. No evidence of any calculus or mass lesion. Right ureter is not dilated.

Contd..



VIKAS DIAGNOSTICS

- 1.5 Tesla M.R.I.
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Patient Name : Mrs. Archana	9 April 2016
Ref. By Dr. Name : Dr. Yuthika Bajpai	Age / Sex 36YR. / F
Investigation : Ultra Sound Whole Abdomen	

Report contd.

Urinary Bladder Normal in size, shape & distention.
No evidence of any calculus or mass lesion
Post Void Residue-4.0ml against pre void volume ~116.0ml

Uterus Normal in size (~70.8x58.3x49.9mm), shape and echogenecity.
No mass lesion. Endometrium ~8.5mm, midline in position and normal in thickness. Mildly bulky cervix.

Bilateral adenexae clear, except for ~21.4mm dominant follicle in right ovary.

No pleural effusion on either side.
No ascitis.

IMPRESSION: USG findings are suggestive of -

- Small sized kidneys with increased cortical echogenecity however CMD is maintained bilaterally. No hydroureteronephrosis on either side.
- Mildly bulky cervix.

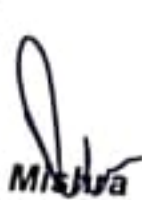
Adv : KFT Correlation.

Please correlate clinically

Kindly Note

- ❖ Ultrasound is not the modality of choice to rule out subtle bowel lesions.
- ❖ Please Intimate us for any typing mistakes and send the report for correction within 7 days.
- ❖ The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive . Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico – legal purpose.


Dr. Pawan Mishra
(Sonologist)

Dr. Vikas Gupta
M.D.(Radiodiagnosis)
A.I.I.M.S.
Ex. Chief Resident (Radiodiagnosis)
A I I M S